

To:

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2024-02-29 20:05:31 GMT

13053284774

From: Yanet Avila

F24000001194

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
CASTELTO ASSETS INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
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Electronic Filing Menu

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K. SALY

# **APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CASTELTO ASSETS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PANAMA

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 06/02/2023

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 999 PONCE DE LEON BLVD STE 935 CORAL GABLES, FL 33134

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MYRIAM C. GONZALEZ, P.A.

Office Address: 999 PONCE DE LEON BLVD STE 935

CORAL GABLES

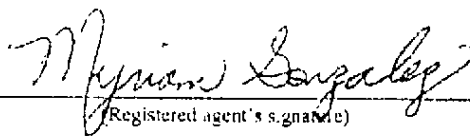
(City)

, Florida 33134

(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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From: Yanet Avila

**A. DIRECTORS**

**RODRIGO PERDOMO GUTIERREZ DE PINERES**

|                                              |                                        |                                         |                                      |
|----------------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chairman            | Name: _____                            | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman       | Address: <u>999 PONCE DE LEON BLVD</u> | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input checked="" type="checkbox"/> Director | <u>STE 935</u>                         | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President           | <u>CORAL GABLES, FL 33134</u>          | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President      | _____                                  | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary           | <input type="checkbox"/> Treasurer     | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|                                         |                                      |                                         |                                      |
|-----------------------------------------|--------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|                                         |                                      |                                         |                                      |
|-----------------------------------------|--------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. X \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**Registro Público de Panamá**

FIRMADO POR: GERTRUDIS  
BETHANCOURT GUZMAN  
FECHA: 2024.02.28 18:09:51 -05:00  
MOTIVO: SOLICITUD DE PUBLICIDAD  
LOCALIZACION: PANAMA, PANAMA

**CERTIFICADO DE PERSONA JURÍDICA**

CON VISTA A LA SOLICITUD

79350/2024 (0) DE FECHA 26/02/2024

QUE LA SOCIEDAD

CASTELTO ASSETS INC.

TIPO DE SOCIEDAD: SOCIEDAD ANONIMA

SE ENCUENTRA REGISTRADA EN (MERCANTIL) FOLIO Nº 155733296 DESDE EL VIERNES, 2 DE JUNIO DE 2023

- QUE LA SOCIEDAD SE ENCUENTRA VIGENTE

- QUE SUS CARGOS SON:

DIRECTOR / PRESIDENTE: YAMILETH YAMISELY PIMENTEL VELASQUEZ

DIRECTOR / SECRETARIO: CESAR ANTONIO ROJAS RODRIGUEZ

DIRECTOR / TESOFEHO: DEISY DELIA MUÑOZ BONILLA

AGENTE RESIDENTE: MORGAN Y MORGAN

- QUE SU CAPITAL ES DE 10,000.00 DÓLARES AMERICANOS

- QUE SU DURACIÓN ES PERPETUA

- QUE SU DOMICILIO ES PANAMÁ, DISTRITO PANAMÁ, PROVINCIA PANAMÁ

**ENTRADAS PRESENTADAS QUE SE ENCUENTRAN EN PROCESO**

NO HAY ENTRADAS PENDIENTES.

EXPEDIDO EN LA PROVINCIA DE PANAMÁ EL LUNES, 26 DE FEBRERO DE 2024A LAS 4:45

P. M..

NOTA: ESTA CERTIFICACIÓN PAGO DERECHOS POR UN VALOR DE 30.00 BALBOAS CON EL NÚMERO DE LIQUIDACIÓN 1404483667

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From: Yanet Avila

PUBLIC REGISTRY OF PANAMA

SIGNED BY: GERTRUDIS BETHANCOURT GUZMAN

DATE: 2024.02.26 18:09:51 -05:00 REASON: ADVERTISING REQUEST LOCATION: PANAMA,  
PANAMA

APPLICATION REQUESTED ON  
79350/2024 (0) DE FECHA 2/26/2024  
THE ENTITY

NAME OF ENTITY: CASTELTO ASSETS INC.  
TYPE OF ENTITY: INCORPORATED  
IT IS REGISTERED IN: MECANTIL FOLIO NO 155738296 AS OF FRIDAY 02 DAY OF JUNE, 2023  
STATUS: ACTIVE

BOARD OF DIRECTORS:  
DIRECTOR/ PRESIDENT: YAMILETH YAMISELY PIMENTEL VELASQUEZ  
DIRECTOR/ SECRETARY: CESAR ANTONIO ROJAS RODRIGUEZ  
DIRECTOR/ TREASURER: DEISY DELIA MUNOZ BONILLA

RESIDENTS AGENT: MORGAN AND MORGAN

CAPITAL: 10,000 US DOLLARS

DURATION: PERPETUAL  
DOMICILE: PANAMA, DISTRIC OF PANAMA, PROVINCE OF PANAMA

SUBMITTED ENTRIES THAT ARE IN PROCESS:  
THERE ARE NO PENDING ENTRIES,  
ISSUED IN THE PROVINCE OF PANAMA ON MONDAY, FEB.26 OE 024 AT 4:45 P.M..  
NOTE: THIS CERTIFICATION PAID DUTIES IN A VALUE OF 30.00 BALBOAS WITH THE

2024 FEB 29 PM 4:05  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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